

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVE.
HARTFORD, CT 06105

██████████ 2017
Signature Confirmation

Client ID # ██████████
Request # 796713

NOTICE OF DECISION

PARTY

██████████
For: ██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") granting Long Term Care Medicaid benefits effective ██████████ 2016.

On ██████████, 2016, ██████████, (the "Conservator of the Estate") the Limited Conservator of the Estate requested an administrative hearing to contest the effective date of the Long Term Care Medicaid benefits as determined by the Department.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████, 2016.

On ██████████, 2016, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

██████████, Conservator of the Estate for ██████████
Judith Hoheb, Business Office Manager, Chelsea Place
Ilirjana Sabani, Department Representative
Lisa Nyren, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to grant Long Term Care Medicaid benefits effective [REDACTED] 2016 was correct.

FINDINGS OF FACT

1. On [REDACTED] 2014, the Appellant entered Chelsea Place Care Center (the "nursing facility"), a skilled nursing facility. (Exhibit 1: Long-Term Care Application)
2. On [REDACTED] 2014, the Appellant's prior Conservator of the Estate resigned. (Nursing Facility Testimony)
3. In [REDACTED] 2015, the nursing facility petitioned [REDACTED] Area Probate Court to appoint a Conservator of the Estate for the Appellant. (Nursing Facility Testimony)
4. The [REDACTED] Area Probate Court referred the matter to the [REDACTED] Probate Court. (Nursing Facility Testimony)
5. On [REDACTED] 2016, [REDACTED] ("Conservator of the Estate") received his appointment as Limited Conservator of the Estate for the Appellant solely for applying for Title XIX on behalf of the Appellant from [REDACTED] Probate Court. (Conservator of the Estate's Testimony and Ex: A: Appointment of Conservator)
6. On [REDACTED] 2016, the Department received an application for Long Term Care ("LTC") Medicaid for the Appellant. (Exhibit 1: LTC Application and Exhibit 4: Case Narrative)
7. On [REDACTED] 2016, the [REDACTED] Area Probate Court renewed [REDACTED] position as Conservator of the Person and transferred the Appellant's file of a person under conservatorship to [REDACTED] Probate Court. (Exhibit 5: Court of Probate)
8. On [REDACTED] 2016, the Department denied the Appellant's application for LTC Medicaid for failure to return the required verification. (Exhibit 4: Case Narrative)
9. On [REDACTED] 2016, the Department received a W-1LTC Long-term Care/Waiver Application for Medicaid signed by the Conservator of the Estate on [REDACTED] [REDACTED], 2016 and supporting documents from the Conservator of the Estate on behalf of the Appellant. (Hearing Summary,

Exhibit 1: LTC Application, Exhibit: 2: Notice of Action [REDACTED]/16 and Exhibit 4: Case Narrative)

10. On [REDACTED] 2016, the Department granted LTC Medicaid for the Appellant effective [REDACTED] 2016. (Exhibit 2: Notice of Action and Exhibit 3: Notice of Approval)
11. The Appellant is seeking a Medicaid effective date of [REDACTED] 2015. (Hearing Record)

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2(6) provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual (“UPM”) § 1505.10(D)(1) provides that for AFDC, AABD and medical applications, except for the Medicaid coverage groups noted below in 1510.10(D)(2), the date of application is considered to be the date that a signed application form is received by any office of the Department.
3. The Department correctly determined the Medicaid application date as [REDACTED] 2016.
4. UPM § 1505.40(A)(4)(c) provides that the Department may complete the eligibility determination at any time during the application process when the application process is complete and all required verification has been obtained.
5. On [REDACTED] 2016, the Department correctly completed the application process.
6. UPM § 1560.10(A) provides that the beginning date of assistance for Medicaid may be one of the following: the first day of the first, second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services are received at any time during that particular month.
7. The Department correctly granted the Appellant’s Long Term Care Medicaid benefits effective [REDACTED] 2016, the first day of the third month immediately preceding the application month of [REDACTED] 2016.

DECISION

The Appellant's appeal is denied.

Lisa A. Nyren

Lisa A. Nyren
Hearing Officer

PC: Musa Mohamud, Social Services Operations Manager
Judy Williams, Social Services Operations Manager
Tricia Morelli, Social Services Program Manager
Ilijana Sabani, Department Representative
Judith Hoheb, Business Office, Chelsea Place

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue Hartford, CT 06105.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.